

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031439

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2	/	/		
4		0	/	/		
5		0	/	/		
6		0	/	/		
7		0	/	/		
8		0	/	/		
9		0	/	/		
10		0	/	/		
11		0	/	/		
12		0	/	/		
13		0	/	/		
14		0	/	/		
15		0	/	/		
16	/					
17		2	/	/		
18		2	/	/		
19		2	/	/		
20		2	/	/		
21		2	/	/		
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TOTAL IND.	5		3			
TOTAL DEP.	26		20			
TOTAL CLAIMS	31		23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS